



Substitute House Bill No. 6320

Public Act No. 09-149

***AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE
LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS
COMMITTEE CONCERNING SUBSTANCE ABUSE TREATMENT
FOR ADULTS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Subsection (j) of section 17a-451 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2009*):

(j) The commissioner shall be responsible for developing and implementing the Connecticut comprehensive plan for prevention, treatment and reduction of alcohol and drug abuse problems to be known as the state substance abuse plan. Such plan shall include a mission statement, a vision statement and goals for providing treatment and recovery support services to adults with substance use disorders. The plan shall [include state-wide, long-term planning goals and objectives and annual revisions of objectives. In the development of the substance abuse plan the commissioner shall solicit and consider the recommendations of the subregional planning and action councils established under section 17a-671] be developed by July 1, 2010, and thereafter shall be triennially updated by July first of the respective year. The commissioner shall develop such plan, mission statement, a

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vision statement and goals after consultation with: (1) The Connecticut Alcohol and Drug Policy Council established pursuant to section 17a-667; (2) the Criminal Justice Policy Advisory Commission established pursuant to section 18-87j; (3) the subregional planning and action councils established pursuant to section 17a-671; (4) clients and their families, including those involved with the criminal justice system; (5) treatment providers; and (6) other interested stakeholders. The commissioner shall submit a final draft of the plan to the Connecticut Alcohol and Drug Policy Council for review and comment. The plan shall outline the action steps, time frames and resources needed to meet specified goals and shall minimally address: (A) Access to services, both prior to and following admission to treatment; (B) the provision of comprehensive assessments to those requesting treatment, including individuals with co-occurring conditions; (C) quality of treatment services and promotion of research-based and evidence-based best practices and models; (D) an appropriate array of treatment and recovery services along with a sustained continuum of care; (E) outcome measures of specific treatment and recovery services in the overall system of care; (F) department policies and guidelines concerning recovery oriented care; and (G) provisions of the community reentry strategy concerning substance abuse treatment and recovery services needed by the offender population as developed by the Criminal Justice Policy and Planning Division within the Office of Policy and Management. The plan shall define measures and set benchmarks for the overall treatment system and for each state-operated program. Measures and benchmarks specified in the plan shall include, but not be limited to, the time required to receive substance abuse assessments and treatment services either from state agencies directly or through the private provider network funded by state agencies, the percentage of clients who should receive a treatment episode of ninety days or greater, treatment provision rates with respect to those requesting treatment, connection to the appropriate level of care rates, treatment completion rates and treatment success

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rates as measured by improved client outcomes in the areas of substance use, employment, housing and involvement with the criminal justice system.

Sec. 2. Subsection (o) of section 17a-451 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(o) The commissioner shall establish uniform policies and procedures for collecting, standardizing, managing and evaluating data related to substance use, abuse and addiction programs administered by state agencies, state-funded community-based programs and the Judicial Branch, including, but not limited to: (1) The use of prevention, education, treatment and criminal justice services related to substance use, abuse and addiction; (2) client demographic and substance use, abuse and addiction information; and (3) the quality and cost effectiveness of substance use, abuse and addiction services. The commissioner shall, in consultation with the Secretary of the Office of Policy and Management, ensure that the Judicial Branch, all state agencies and state-funded community-based programs with substance use, abuse and addiction programs or services comply with such policies and procedures. Notwithstanding any other provision of the general statutes concerning confidentiality, the commissioner, within available appropriations, shall establish and maintain a central repository for such substance use, abuse and addiction program and service data from the Judicial Branch, state agencies and state-funded community-based programs administering substance use, abuse and addiction programs and services. The central repository shall not disclose any data that reveals the personal identification of any individual. The Connecticut Alcohol and Drug Policy Council established pursuant to section 17a-667 shall have access to the central repository for aggregate analysis. The commissioner shall submit a biennial report to the General Assembly, [in accordance with the

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provisions of section 11-4a,] the Office of Policy and Management and the Connecticut Alcohol and Drug Policy Council in accordance with the provisions of section 11-4a. The report shall include, but need not be limited to, a summary of: (A) Client and patient demographic information; (B) trends and risks factors associated with alcohol and drug use, abuse and dependence; (C) effectiveness of services based on outcome measures; (D) progress made in achieving the measures, benchmarks and goals established in the state substance abuse plan, developed and implemented in accordance with subsection (j) of this section; and ~~[(D)]~~ (E) a state-wide cost analysis.

Sec. 3. (*Effective from passage*) On or before January 1, 2011, the Department of Public Health, in consultation with the Department of Mental Health and Addiction Services, shall amend the department's substance abuse treatment regulations and shall implement a dual licensure program for behavioral health care providers who provide both mental health services and substance abuse services.

Approved June 29, 2009